White Paper

Iowa Rural Health IT Collaborative

December 19, 2012

"It Worked!"

Iowa Department of Public Health/Iowa e-Health
Iowa Department of Public Health/Iowa Rural Medicare Hospital Flexibility Program (FLEX)
Iowa Department of Public Health/Iowa State Office of Rural Health (IORH)
Iowa Department of Public Health/Small Hospital Improvement Program (SHIP)
Iowa Hospital Association
Iowa Medicaid Health Information Technology
Telligen/HIT Regional Extension Center
United States Department of Agriculture (USDA)/Rural Development

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Introduction / Background

History

Of the 1,300 Critical Access Hospitals (CAH) across the nation, many have unique and specific challenges and barriers preventing them from fully implementing health information technology (HIT) and fulfilling federal guidelines requiring meaningful use of electronic medical records. The CAHs need help to recruit information technology staff to rural areas, assistance in purchasing IT hardware, software and staff training. ¹ By fall of 2011 it was evident that CAHs, other small rural hospitals and clinics were not able to keep up with the extremely challenging timeline and performance standards concerning electronic health records, resulting in CAHs not being able to attest for meaningful use, and benefit from state and federal incentives while avoiding penalties.

Federal Response: Expanding Health Information Technology (HIT) in Rural America: The U.S. Department of Agriculture and the U.S. Department of Health and Human Services signed Memorandum of Understanding (MOU) to link rural hospitals and clinicians to existing capital loan programs that enable them to purchase software and hardware needed to implement health information technology. Rural hospitals tend to have lower financial operating margins and limited capital to make the investments needed to purchase hardware, software and other equipment. ² Three of the strategies listed in the MOU were:

- Establish working groups for coordinating the delivery of financial and technical assistance to rural hospitals and rural health clinics.
- Participate in public and private events to discover and address potential barriers to resources and services.
- Facilitate interactive panel discussions regarding rural healthcare challenges and opportunities at grantee and national level meetings.

Concurrently, the ARRA HITECH Act of 2009 established the EHR Meaningful Use Incentive program through the Centers for Medicare and Medicaid Services (CMS) and the HIT Regional Extension Center program through the Office of the National Coordinator for Health IT (ONC) to promote the widespread adoption and meaningful use of health IT to improve patient care. At that time, a national report showed that 78 percent of office-based physicians and 91percent of hospitals had not adopted EHRs. ³ Critical access and rural hospitals were designated as eligible for both the incentive programs and the technical assistance offered by the REC. These initiatives would provide financial support and assistance for resource-constrained care settings such as CAHs to help them stay current with national health IT agendas.

In December of 2011 the Federal Office of Rural Health Policy (ORPH) within the U.S. Department of Health and Human Services, began to work with the 50 State Offices of Rural Health (SORH) nationwide to familiarize them with the issues and challenges related to rural health IT. ORHP offered limited funding to SORH to initiate a state level project to examine the issues and work on solutions that could assist rural hospitals on the path to electronic health records/meaningful use.

The Iowa SORH understood the implications and benefit for Iowa rural health and in January of 2012 contacted pertinent stakeholders. The following document lays out Iowa Rural Health IT Collaborative strategies, partner actions, results and conclusions. The intent of this white paper is to share helpful information with others assisting rural health organizations to successfully implement health IT.

Iowa: A Rural Environment

lowa derives its name from the loway people, one of the ancient American Indian tribes that lived in the region. It is the only state bordered on the east and west by rivers, the Mississippi and Missouri. Iowa ranks first in the nation with corn and soybean production as well as in hog production from its 93,000 farms. Farming produce and products are 25 percent of the gross state product. Iowa spans 55,857 square miles, with a 2011 population of 3,062,309 people – 1,321,044 or 43 percent are living in rural Iowa. ⁴ Des Moines, the state capital is located in the center of the state. Ninety-nine counties form the local governance infrastructure. The average per-capita income for Iowans in 2010 was \$38,039, although rural per-capita lagged at \$35,795. 2010 estimates indicate a poverty rate of 14 percent exists throughout the state. ⁵ The unemployment rate in rural Iowa is at 6.1 percent while in urban Iowa it is at 5.7 percent. ⁶

lowa has 121 hospitals, including three Veterans Administration hospitals. There are 82 Critical Access Hospitals. ⁷ Forty nine percent of rural hospitals financially support their local EMS and 56 of the rural hospitals are also recognized as the public health agency for the county. Ninety of Iowa's 99 counties have a hospital. There are 142 Rural Health Clinics in Iowa ⁸, and 13 Federally Qualified Health Centers and one FQHC look-alike which provides medical, oral health and behavioral services at 83 sites. ⁹ There are 14 AgriSafe Network Clinics offering services to local farmers. Most Iowans have some form of health insurance coverage, although approximately 12 percent of residents lack health insurance. ¹⁰

Executive Summary

The purpose of this paper is to share information about the Iowa Rural HIT Collaborative efforts to help rural hospitals and providers attain electronic medical records meaningful use status. Information from this paper can be helpful to others who are pursuing solutions related to integration of health information technology in rural areas.

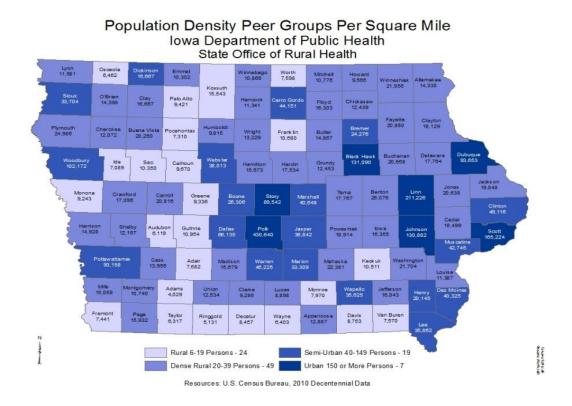
Summary Statement - As partners we started with siloed areas of knowledge, and with individual and organizational resources that needed to be combined and leveraged to meet our goal. Our process and progress revealed challenges, success and some surprising results.

Our intent was to assist rural hospitals and providers to begin or complete the complex activities involved to successfully implement health information technology/medical records systems, apply for federal and/or state incentives and avoid penalties. Our goal was to enhance the overall efforts to stabilize costs, and improve healthcare quality and safety for the 43 percent of lowans living in rural areas through increased use of health IT.

The solutions we reached were designed to address: How do we efficiently work together in the collaborative, and how do we productively work with rural hospitals and providers. The solution interventions were based on our combined knowledge of the related issues, experience with rural health care systems and communities, and through use of our combined resources. Through process and elimination and assessment and evaluation of the factors, the partnership identified a small cohort of rural hospitals and health providers and approached them with an offer. The offer included; technical assistance to initiate or enhance EHR processes, consultation and advice on financial matters, guidance to receive federal and State Medicaid incentives and, consultation on hospital administration and operations.

Determining the key factors that impede HIT adoption and EHR/MU implementation success for an individual hospital or provider is paramount. Involvement in one-on-one communication, consultations to address specific challenges, acceptance of their decisions related to IT, and addressing the challenges facing rural health entities are some of the actions necessary to "really" help rural hospitals and providers.

We want to acknowledge that while HIT and EHR implementation has been an immense challenge to hospitals; there are also Iowa hospitals that have been recognized nationally for being among the top 100 most wired hospitals in the nation. ¹¹ Additionally, as of November 2012, 40 of the 82 Iowa CAHs have successfully achieved stage one meaningful use, which has been commended by ONC as one of the highest attestation rates (48 percent) for CAHs within a particular state in this country.



Challenge Statements (2)

"Federal regulations and new standards require information technology that has heretofore not been part of rural health provider landscape."

The above statement was formed at the first Iowa Rural HIT partner meeting. It was agreed rural health organizations are not making the same IT progress as their urban counterparts. The reality is that HIT in rural areas is not at the same level as in urban areas that typically have more connectivity, equipment, available funding and skilled IT work force.

"How best can our lowa group collaborate to successfully help hospitals that need and are receptive to additional technical assistance and guidance to meet EHR/MU standards?"

At the first meeting the discussion points were:

- 1) What is our goal and how do we best accomplish it?
- 2) How can we be effective as partners that had not previously worked together as a group?
- 3) What will be the benefits to rural hospitals, providers, our individual organizations and to the state?
- 4) What will be our end point?

These challenges were subsequently addressed through a series of frequent "think tank" meetings, which were gradually lessened in frequency and eventually evolved into an ongoing networked group of organizations that prior to the collaborative did not exist.

The remainder of this document discusses the processes and outcomes of the group in greater detail.

Proposed Solutions

Introduction

The 2011 Government Accountability Office (GAO) report that studied the HITECH incentive programs released information stating that critical access and rural hospitals rate of attestation is less than urban hospitals. In April of 2012, the GAO then reported on the Center for Medicare and Medicaid Services (CMS) efforts to oversee the EHR program, including the challenges encountered by providers such as location or size of hospitals/professional practice. The report concluded that urban acute care hospitals were over two times more likely than critical access hospitals to have been awarded an incentive payment, and that 66 percent of incentive payments were made to hospitals in urban areas. The GAO then recommended that CMS take steps to enhance its process to verify that providers meet the requirements to receive incentive payments.

After the April 2012 CMS report, the National Rural Health Association (NRHA) commented. "There has been concern about a "digital divide" between urban and rural providers since the HITECH program began. One large concern has been a dearth of data to understand this problem better. There needs to be a clear understanding of the implications of this report and more importantly, act in order to stem this apparent divide. Access to this type of data by CMS on a more current and frequent basis would be a nice place to start." ¹²

Reports and concerns at the federal level often motivate state and local organizations to address issues within their state or region. The IA Rural HIT Collaborative initiated an overall strategy to act on a solution for lowa. We agreed if we were able to influence and assist just one hospital to successfully complete EHR/MU, we would consider our efforts a success.

Iowa Solution Finders

Communications to potential partners regarding an Iowa Rural Health IT Collaborative began in January 2012. At that time the intent of a partner meeting was described as:

HRSA Office of Rural Health Policy (ORHP) encouraged the 50 State Offices of Rural Health to reach out to key partners including: HIT Regional Extension Center (REC), hospital associations, USDA and the state Health Information Exchange (HIE) to convene a meeting to examine issues and determine what steps might assist hospitals not progressing with EHR meaningful use.

While lowa was not selected by ORHP for any supplemental funding to support the meetings—because there were established relations, the IA Department of Public Health/Office of Rural Health elected to reach out to state partner organizations and ask that they become involved in the initiative.

The organizations agreed the initiative was a perfect opportunity and, "This seems like the right thing to do". Iowa Rural HIT Collaborative partners are:

- Telligen/Iowa HIT Regional Extension Center (REC),
- Iowa Hospital Association (IHA),
- IA USDA/Rural Development,
- Iowa Health Information Exchange (HIE),
- Iowa Medicare Enterprise, and
- Iowa Rural Health Programs: the 1) Medicare Rural Hospital Flexibility Program (FLEX), 2) Small Hospital Improvement Program (SHIP) and 3) State Office of Rural Health (SORH).

(See Attachment A for Partner Profiles.)

Solution Strategies (2)

- 1. **How we worked together** At the first meeting, to better understand the functions and aims of all involved; the agenda included ample time for attendees to present information about their organization/program and about themselves. Other activities and functions were:
 - Decide on an aggressive timeline and to use a think tank, interactive group culture
 - Meetings included round table updates to discuss progression of our work with hospitals and what each program was doing in other related areas.
 - Meeting minutes were timely and included action steps
 - Frequent emails and phone calls allowed for linkages and ongoing communication
 - Guests presentations at meetings offered additional insight to areas related to rural, HIT and health care
 - We took every opportunity to inform other groups about our efforts, and shared knowledge about the challenges and successes of rural HIT/EHR/MU
 - We combined and leveraged resources to benefit our mutual constituents
 - We provided resources and presentation content for our partners to use in their respective outreach and educational efforts
- 2. **How we worked with hospitals and providers** To assist hospitals and providers in need of additional HIT technical assistance and resources, we determined:
 - Perhaps the most important factor was; that the hospitals and providers identified needed to be *receptive* to interventions
 - Through a group activity we identified six factors important to successful implementation of EHR/MU.
 - 1. Organizational leadership
 - a. Having an HIT champion
 - b. Leadership/executive level buy-in and support
 - 2. Finances dedicated to information technology
 - 3. Organizational and community culture
 - 4. Available work force
 - 5. System Support (part of a network)
 - 6. Perception of quality care as related to information technology

Based on the six factors, nine hospitals were identified as potential candidates for assistance and interventions.

Further discussions determined there were also rural referral hospitals (not critical access or rural hospitals by definition) that might benefit and; what should be done to encourage Rural Health Clinic participation. Follow up steps were:

- Development a justification requesting CMS approval to expand the Telligen/REC hospital
 technical assistance list to include rural referral centers as substitute facilities for grantassistance slots not taken by the original ONC list of lowa critical access/rural hospitals (i.e., a
 small number of lowa CAHs/rural hospitals elected not to sign up with the REC so Telligen
 requested to substitute rural referral centers that would benefit from the technical assistance in
 their place)
- Contacted the IA Association of Rural Health Clinics to discuss need for EMR/MU technical assistance

Application of Solution

Roles and functions of the Iowa Rural HIT Collaborative partners

Partner	Role	Main Collaborative Function
Office of Rural Health	Leader/convener	Communications, integrate with
		other groups
USDA – Rural Development	Community facilities program	Financial and economic
		development consultant
IA HIT/REC	Technical assistance	Facilitate and guide hospitals
		and provider
FLEX Program	Funding and education	Support Critical Access Hospitals
State Health Information	Data exchange	Integrate & connect HIT/EHR
Exchange		capacity statewide
Iowa Hospital Association	Hospital relations & support	Liaison with hospitals advocate
		in their behalf
Iowa Medicaid Enterprise	State incentive and resources	Administer the Medicaid EHR
		Incentive program

Intervention Actions

The representative from Iowa Hospital Association agreed to be the initial contact with the hospitals. The conversation would: 1) inform hospitals of the IA Rural HIT Partnership and how the group's planning can assist them to reach EHR meaningful use, increase their IT capabilities, help to seek funding, receive extensive technical assistance, consultation on government incentive payments, and move towards state HIE participation; 2) inform them of how their timely decision to connect with Telligen/REC can ensure the HIT process and technical assistance in Iowa; and 3) assess their level of interest and identify their barriers to participation.

To assess their level of interest and identify barriers to participation, a three question survey was designed.

- 1. Readiness: Is your facility where it should be with HIT development and EHR meaningful use?
 - a. If not, what are the challenges and what assistance is needed?
- 2. Technical Assistance: Will your facility benefit from comprehensive technical assistance to reach CMS levels of meaningful use goals?
 - a. If not, what are the challenges and what type assistance is needed?
 - b. Will your facility benefit with a conversation with Telligen/REC staff?
- 3. Funding: Will your facility benefit from capital loans to free-up funds for HIT investment spending, OR a low-interest loan for IT equipment including software?
 - a. Do you/others at your facility know of USDA loan/grant programs and the eligibility criteria?
 - b. Will your facility benefit from a conversation with USDA staff?
 - i. Will grant/application assistance be needed?

Assistance for Hospitals		
Encouragement to sign a technical assistance agreement with Telligen/REC		
Financial consultation and advise from USDA		
Technical assistance from IA Medicare Enterprise for Medicaid incentive payment		
Consultation and advise from the IA Hospital Association		

After the initial hospitals were contacted, it was determined that five of the nine hospitals were ready for technical assistance and interventions.

Through conversation with the hospitals and clinics and by combining bits of information we realized that due to choice or circumstance not all hospitals and providers were willing at this time to convert to EHR. Some of the decisions not to participate included:

- Finding funds for equipment and other related costs was an ongoing challenge
- EHR/MU was not a current priority
- Due to the small nature of the facility/clinic and limited staff, converting to EHR seemed prohibitive
- It was less expensive to pay penalties than pay for the cost of equipment, staffing and maintenance of HIT
- EHR/MU would be a priority after State and federal health information exchange systems are established
- Severe economic depression within the community threatening closure of the facility

In terms of rural health clinic efforts, the group collaborated to provide the lowa Primary Care Association and lowa Association of Rural Health Clinics with a list of rural health clinics that they could try to further engage in HIT efforts and possibly assist with applying for low interest USDA loans to purchase EHRs or securing implementation support. The REC provided a list of RHC clients as well as a statement of barriers encountered by rural health clinic clients. The goal was to increase RHC participation in EHR adoption and meaningful use efforts, regardless of eligibility for the incentive

programs. The listing provided by the REC included EHR status, vendor (if applicable) and current activity. Clinics were highlighted in red that had not shown interest or engagement in these efforts. As a result, some rural health clinics have begun the EHR selection/implementation process or even achieved stage one meaningful use (if already on EHR). Continued engagement of the RHC setting is important to the future of health IT and health information exchange in lowa.

Successful solutions were partially determined in the way: 1) we worked together by consistently communicating information gained from hospitals, providers and other stakeholders. 2) How we dialogued to analyze issues and planned next steps to keep the process moving forward and, 3) that we shared resources to problem solve.

Results and Conclusions

Results

The Iowa Rural Health IT collaborative partners successfully combined energies and resources to identify rural hospitals, clinics and providers that could benefit from technical assistance, consultation and direction to help them towards completion of the electronic health records/meaningful use process.

The individuals in the partnership were each involved in predetermined and ongoing work responsibilities; so our challenge was to identify tactics to effectively complete our goals and pick up on any additional value-added outcomes. As a group we sculptured strategies to operate as an effective ad hoc workgroup. We emphasized electronic communications, group dialogue; follow through actions and problem solving to keep the project simple, meet our goal and benefit our common constituents.

Results Summary

- Four hospitals began or expanded work agreements with Telligen/REC. To date, two of the four have adopted EHRs and received their first Medicaid incentive payment. One is in conversations with USDA about the Community Facilities program. All have received educational opportunities related to broadband access and strategies in lowa including Connect Iowa. Three of the four have expressed interest in future participation with IHIN, the state HIE.
- 2. Consultation with hospitals about funding and loans for equipment were initiated
- 3. Iowa Rural Health Clinic Association initiated steps to assess and determine RHCs that can begin or enhance EHR/MU (note: many RHCs are not eligible for the meaningful use financial incentives, so progress among this group is particularly challenging)
- 4. Hospitals and providers were informed and directed to attain State Medicaid incentive funds
- 5. Joint efforts resulted in an Iowa rural hospital presenting on a national HRSA webinar relative to how their EHR helped maintain quality patient care after flooding in their region
- 6. Some rural health clinics have achieved stage one meaningful use as verified by the REC

Summary Statement - the partnership identified and directly assisted a cohort of rural hospitals that could successfully reach EHR/MU with some additional technical assistance, consultation and guidance. Additionally, we laid out interventions to identify Rural Health Clinics to move towards to EHR/MU.

The Telligen HIT Regional Extension Center stated in a Meaningful Use document submitted to ONC in August 2012 "The Telligen REC has been fortunate to participate in a unique partnership group within Iowa. The partnership has been critical in moving some of our critical access/rural hospitals and clinics forward with health IT and meaningful use to improve patient care. Without this partnership, some sites may not have moved forward as quickly or perhaps not at all."

Value-Added Results

As we implemented the project certain activities and actions provided an additional or greater sense of value. The Iowa Rural HIT Collaborative partners were able to identify individual and organizational enhancements resulting from our initiative. The value-added results were experienced for both the collaborative group as well as the hospitals, providers and IT staff we were working with.

While working together, members of the group found opportunities and solutions for other projects and issues that existed in their programs or organization. For example, the REC learned that some USDA grants for hospitals in communities of less than 20,000 could be used for health IT purchases, not just traditional "bricks and mortar" projects. The REC was then able to direct clients to the USDA Community Facilities program to discuss these options. In another example, the lowa FLEX program used subsidies and funding levers from the FLEX program to encourage hospitals to participate in the REC technical assistance program. This joint effort has helped both organizations progress in their respective goals related to health IT in lowa critical access/rural hospitals while creating efficiencies in the use of resources that are directed to lowa for these purposes.

The collaborative fostered integrated exchanges between partners; an example of collaboration is that lowa Medicaid HIT staff attended constituent meetings with the lowa Hospital Association and Telligen. Medicaid staff clarified Medicaid EHR incentive funding rules for the hospitals. The shared information allowed many hospitals who thought they would not qualify for Medicaid incentive funding to receive incentive payments.

Furthermore, as a group we were able to identify challenges and help with resolution for issues that hospitals and providers were experiencing related to Health IT and EHR. We also established a new network of valuable relationships for ongoing support and collaboration. Since the time the group stopped meeting regularly face-to-face, many information sharing emails and questions have been exchanged, including referral of questions from lowa critical access hospitals. For example, rural hospitals reported a wide variation of costs being charged by vendors for the interface software needed to connect hospital EMR to the state HIE system. That issue has since been taken on by a vendor interface workgroup comprised of the state HIE, the REC and critical access hospital representatives. This group aims to create a collective voice and push vendors to implement consistent, fair interface pricing. Surrounding states such as Nebraska have become involved in the group to add cross-border price comparisons and increase pressure for fair pricing across state lines for clients using the same vendor product. The work group is an ongoing effort to mitigate price gouging and encourage replicable solutions that can be offered at a fair price to the rural health care community, encouraging participation in electronic data exchange. The goal is that the collective voice will achieve faster, more

robust results than one organization could achieve alone. The Hospital Association drafted comment letters to CMS regarding future regulations on EHR. Several other issues were identified that were

specific to CAHs. For example, the need to allow EHR equipment leases to be considered an allowable cost under meaningful use. It was noted, once the IHA raised this issue with CMS, the agency reversed its decision and allowed reimbursement for lease costs associated with EHRs and thereby benefited CAHs financially.

1. Additional goals within our organizations were enhanced as a result of the partnership 2. As a group we became knowledgeable on issues that we would not have as individuals 3. Funding was identified to help sustain other health related projects and initiatives 4. Our efforts were recognized and members were asked to present at national meetings, webinars and conferences 5. We promoted lowa HIT and rural health in the state and nation 6. We identify challenges experienced by hospitals/providers related to HIT and help with resolution on an ongoing basis

7. The partners evolved into a network group that continues to communicate and utilize individual and program resources for other HIT and rural related issues

Conclusions

The essence of our agreement with each other to coordinate the work was based on the realization that a broad and complex array of factors make up a rural health facility's ability to respond in their ever changing environment. As support organizations the information and messages we received about the changes played an important role in our ability to provide support to local facilities. As a partnership, we expanded our information sources, broaden our ability to strategize and provide solutions and built a larger technical assistance base for the local facilities to draw from. Each local facility needed different support and resources and, as a support coalition we were able to match their needs with the correct resources.

As a collaborative we are building our future capacity to meet the needs of lowa critical access/rural hospitals, hospital networks, and rural health clinics; ultimately assuring higher quality health services for lowans. As rural hospitals and health providers continue to proceed along the EHR/MU timeline, they will continue to face challenges and need assistance and interventions. As partners, we have taken lasting steps to continue communication between organizations and individuals to involve one another in other projects and issues not only related to rural Health IT but all areas that our organizations can impact to improve the health of rural lowans.

Appendix A – Partner Profiles

Iowa Hospital Association

The lowa Hospital Association represents lowa hospitals and supports them in achieving their missions and goals. IHA works continuously to share the "lowa hospital story" with government officials and agencies, as well as with business and community leaders. IHA advocates for the development of responsible health care policies at all levels of government and supports those that seek to enhance lowa hospitals' ability to continue providing high-quality, low-cost care benefiting all lowans. More information and contact details are available at: http://www.ihaonline.org

Iowa Medicaid Health Information Technology

The Iowa Medicaid Enterprise (IME) is administering the Medicaid EHR Incentive Program under the authorization of section 4201 of the American Reinvestment and Recovery Act (ARRA). The goals of the Health Information Technology program are to increase the adoption of electronic health records, promote health information exchange, and gain administrative efficiencies. Providers can sign up to participate in the Medicaid EHR program by registering at https://ehrincentives.cms.gov/hitech/login.action, and then create an account at https://www.imeincentives.com/Default.aspx. A step by step process can be located at

Iowa Department of Public Health/Iowa e-Health

http://www.ime.state.ia.us/Providers/EHRIncentives.html

lowa e-Health is public-private collaboration – led by the lowa Department of Public Health – to improve health care quality, safety, and efficiency through the use of health information technology (health IT). Iowa e-Health is primarily responsible for development and implementation of a statewide health information exchange (HIE) that will allow providers to access vital patient information when and where it is needed. In Iowa, this system is known as the Iowa Health Information Network (IHIN). The IHIN will allow participants to securely access vital patient health information through the state and beyond. More information and contact details are available at: www.iowaehealth.org/

Iowa Department of Public Health/Iowa Rural Medicare Hospital Flexibility Program (FLEX)

The Iowa FLEX program is a federally funded grant awarded to the Department to focus on strengthening the capacity of Iowa's 82 Critical Access Hospitals (CAHs) and the communities they serve. The program partners with multiple stakeholders in provision of information, education and support services to improve the quality of health care, strengthen hospital finances and operations, and develop local and regional health delivery systems.

CAHs are limited service hospitals (acute care with fewer than 25 acute and/or swing beds) designated to provide essential services. A CAH designation allows the hospital to be reimbursed on a "reasonable cost basis" for inpatient and outpatient services provided to Medicare patients. More information and contact details are available at: http://www.idph.state.ia.us/ohds/FLEX.aspx?prog=FLEX&pg=Home

Iowa Department of Public Health/Iowa State Office of Rural Health (IORH)

The lowa State Office of Rural Health (IORH) is a federal-state partnership to better ensure health care access in rural areas, help communities and organizations identify and resolve issues and build rural health infrastructure. The Office provides rural health advocacy and outreach, coordination of rural health resources and consultation to communities and healthcare providers in rural lowa communities. Nationally the SORH program was designated in 1991 as a section of Title 42 the Public Health and Welfare Legislation. It features a single grantee from each State and requires a State match of \$3 for each \$1 in Federal funding and has leveraged in excess of \$250 million in State matching funds. More information and contact details are available at:

http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SORH

Iowa Department of Public Health/Small Hospital Improvement Program (SHIP)

The Small Rural Hospital Improvement Grant Program (SHIP) is a federally funded program through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy. For grant year 2011-12, lowa received a notice of grant award for \$746,036.00 for 2011-2012 year. Fifteen percent of the award is allowed for administrative costs. Funds were allocated to coordinate activities with the lowa Hospital Association to conducting trainings and webinars to educate the SHIP hospitals about IDC-10. The remaining will be divided equally among the 84 eligible hospitals that applied. Each eligible hospital can receive \$7323.00. More information and contact details are available at: http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SHIP

United States Department of Agriculture (USDA)/Rural Development

USDA, through its Rural Development mission area, has funding programs designed to improve the economic stability of rural communities, businesses, residents, farmers and ranchers and improve the quality of life in rural America. USDA Rural Development's investment of \$534 million in Iowa during the past year helped create or retain more than 1,600 jobs, aided 2,400 families in buying their own homes and assisted 60 communities with improvements to facilities, services and infrastructure. USDA Rural Development has 11 offices across the state to serve the 1.7 million Iowans living in rural communities and areas. Office locations include a State Office in Des Moines, along with Area Offices in Albia, Atlantic, Humboldt, Indianola, Iowa Falls, Le Mars, Mount Pleasant, Storm Lake, Tipton and Waverly. Further information on programs available through USDA Rural Development is available by calling (515) 284-4663 or by visiting www.rurdev.usda.gov/ia. USDA Rural Development is an equal opportunity

lender with a variety of grant and direct and guaranteed loan programs for single and multi-family housing, community facilities, water and sewer development and business and industry programs.

Telligen/HIT Regional Extension Center

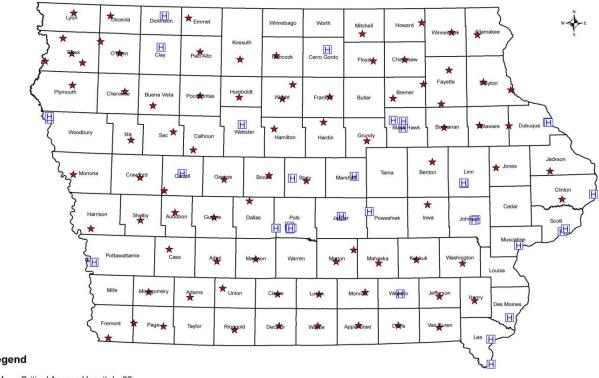
Telligen HITREC was awarded through an objective review process by the U.S. Department of Health and Human Services, Office of the National Coordinator for Health IT, as the designated organization in Iowa to support primary health care providers on EHR adoption and meaningful use. To learn more about EHR adoption, meaningful use and other areas of health IT, visit www.healthit.gov.

As the federally designated HIT Regional Extension Center for Iowa, Telligen will help at least 1,200 primary care providers and 84 critical access and rural hospitals improve care for their patients through the adoption and meaningful use of EHRs. Telligen's strategy to successfully implement a self-sustaining Regional Center in Iowa builds on its practical experience, quality improvement expertise and high level technology support. These competencies will help Iowa practices achieve meaningful use of EHRs and engage in health information exchange. For more information, visit www.telligenhitrec.org or call 800-373-2964.

Appendix B - Iowa Rural Hospital Map

Iowa Hospitals

Medicare Rural Hospital Flexibility Program



Legend

Critical Access Hospital - 82

Other Hospitals - 36

State and County Boundaries

Source: Iowa Hospital Association, Iowa Department of Inspections & Appeals, and Iowa Department of Public Health - Bureau of Health Care Access Prepared by: Iowa Department of Public Health, Bureau of Health Care Access November 05, 2009

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Design/graphics - Telligen

Appendix D - References

¹President Announces New Jobs Initiatives for Rural America. *Connecting Rural Small Businesses* with Private Investment Capital and Expanding Health Information Technology (IT) in Rural America. Available at: http://www.whitehouse.gov/the-press-office/2011/08/16/president-announces-new-jobs-initiatives-rural-america

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